

## Substitute for Form PTO-875

Application or Docket Number

09/88826

(Column 1).

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)		FEE (\$)
X	=	
X	=	
TOTAL		

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)).

\* If the difference in column 1 is less than zero, enter "0" in column 2.

11128104

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

• OR

OTHER THAN  
SMALL ENTITY

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
TOTAL ADD'L FEE	

AMENDMENT A

(Column 1)

(Column 2)

(Column 3)

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
1.00	0.00
2.00	0.00
3.00	0.00
4.00	0.00
5.00	0.00
6.00	0.00
7.00	0.00
8.00	0.00
9.00	0.00
10.00	0.00
11.00	0.00
12.00	0.00
13.00	0.00
14.00	0.00
15.00	0.00
16.00	0.00
17.00	0.00
18.00	0.00
19.00	0.00
20.00	0.00
21.00	0.00
22.00	0.00
23.00	0.00
24.00	0.00
25.00	0.00
26.00	0.00
27.00	0.00
28.00	0.00
29.00	0.00
30.00	0.00
31.00	0.00
32.00	0.00
33.00	0.00
34.00	0.00
35.00	0.00
36.00	0.00
37.00	0.00
38.00	0.00
39.00	0.00
40.00	0.00
41.00	0.00
42.00	0.00
43.00	0.00
44.00	0.00
45.00	0.00
46.00	0.00
47.00	0.00
48.00	0.00
49.00	0.00
50.00	0.00
51.00	0.00
52.00	0.00
53.00	0.00
54.00	0.00
55.00	0.00
56.00	0.00
57.00	0.00
58.00	0.00
59.00	0.00
60.00	0.00
61.00	0.00
62.00	0.00
63.00	0.00
64.00	0.00
65.00	0.00
66.00	0.00
67.00	0.00
68.00	0.00
69.00	0.00
70.00	0.00
71.00	0.00
72.00	0.00
73.00	0.00
74.00	0.00
75.00	0.00
76.00	0.00
77.00	0.00
78.00	0.00
79.00	0.00
80.00	0.00
81.00	0.00
82.00	0.00
83.00	0.00
84.00	0.00
85.00	0.00
86.00	0.00
87.00	0.00
88.00	0.00
89.00	0.00
90.00	0.00
91.00	0.00
92.00	0.00
93.00	0.00
94.00	0.00
95.00	0.00
96.00	0.00
97.00	0.00
98.00	0.00
99.00	0.00
100.00	0.00

## AMENDMENT B

TOTAL  
ADD'L FEETOTAL  
ADD'L FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2*